

# CANTONMENT BOARD DEHU ROAD

FORM No. 7

(See Rule 12)

## BIRTH REGISTER

Form No. 1

### BIRTH REPORT

Legal information

This part to be added to the Death Register

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To be filled by the informant

1. Date of Birth : \_\_\_\_\_
2. Sex : \_\_\_\_\_
3. Name of the child, if any : \_\_\_\_\_  
(if not named, leave blank)
4. Name of the Father : \_\_\_\_\_  
(full name as usually written)
5. Name of the Father : \_\_\_\_\_  
(full name as usually written)
6. Place of Birth
  1. Hospital / Institution Name \_\_\_\_\_
  2. House Address \_\_\_\_\_
7. Informant's Name : \_\_\_\_\_  
Address : \_\_\_\_\_

Date :

Signature of left thumb mark  
of the informant

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To be filled by the Registrar

Registration No. \_\_\_\_\_ Registration Date : \_\_\_\_\_

Registration Unit : \_\_\_\_\_

Town / Village : \_\_\_\_\_ District : \_\_\_\_\_

Remarks : (if any) \_\_\_\_\_

Name and Signature of the Registrar